



Department of Veterans Affairs

DECISION ON COMPROMISE CASE

1. NAME OF OBLIGOR MAKING OFFER				2. ADDRESS OF OBLIGOR MAKING OFFER			
3. CLAIM FILE NUMBER		4. LOAN NUMBER		5. SOCIAL SECURITY NUMBER			
6. NAME AND ADDRESS OF OTHER OBLIGORS (Comakers, guarantors, assumers, etc.)							
A.		B.		C.			
7. ORIGINAL AMOUNT OF DEBT \$	8. AMOUNT RECOVERED, IF ANY \$	9. PRINCIPAL BALANCE \$	10. ACCRUED INTEREST \$	11. ADMINISTRATIVE COLLECTION COSTS \$	12. OTHER COSTS (Identify) \$	13. TOTAL INDEBTEDNESS (Sum of Items 9, 10, 11 and 12) \$	
14A. IS PERSON MAKING THE OFFER RECEIVING VA BENEFITS, SUCH AS COMPENSATION, PENSION, ETC.? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," complete item 14B)				14B. TYPES AND MONTHLY RATES OF BENEFITS RECEIVED			
15A. TERMS OF COMPROMISE OFFER <input type="checkbox"/> LUMP SUM PAYMENT (If checked, complete item 15B) <input type="checkbox"/> OTHER (If checked, complete item 15C)				15B. AMOUNT OF LUMP SUM OFFER			
15C. EXPLANATION OF TERMS OF OFFER							
16. ACTION OF COMMITTEE (Check only one box) <input type="checkbox"/> COMPROMISE OFFER ACCEPTED <input type="checkbox"/> COMPROMISE OFFER REJECTED <input type="checkbox"/> COMMITTEE RECOMMENDATION							
17. REASONS FOR DECISION							
(Continue on reverse)							
18. REMARKS AND RECOMMENDATIONS							
(Continue on reverse)							
19. COMMITTEE SIGNATURES							
20. DATE OF DECISION				21. STATION NUMBER			